

ISF043
C 8/31/98
R 3/06

INTEGRATED STATEWIDE INFORMATION SYSTEMS AGENCY CONTACT SETUP/CHANGE FORM

ORGANIZATION NAME: _____ DEPT. NO: _____

ISIS AGENCY CONTACT INFORMATION:

Name: _____

Title: _____

Messenger Mail: ☐ Yes ☐ No

Remedy Userid: _____
(Required for Security)

Address: _____

E-mail Address: _____ Home Agency No: _____

Telephone Number: _____ FAX: _____

AGENCY(S) RESPONSIBLE FOR:

AGY #	AGENCY NAME	TRAINING	SECURITY
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Authorization (ISIS Agency Liaison)

Name: _____ Telephone: _____
(Please Print)

Signature: _____ Date: _____

For information concerning submission of completed forms: <http://www.doa.louisiana.gov/OIS/service/forms/submission.htm>